



# Patient navigation for complex care patients in the emergency department: a survey of oncology patient navigators

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## Abstract

**Purpose** Emergency departments (EDs) care for patients with complex medical problems who require a coordinated care approach. Patient navigation services, which help assist patients with care coordination, have been widely implemented for patients with cancer in a variety of settings, but this approach has not been described in the ED. We sought to better understand the potential for ED-based patient navigation services from the perspective of individuals currently providing these services in other settings.

**Methods** A survey was conducted of participants at a regional conference for patient navigation services of patients with cancer.

**Results** Eighty-five completed surveys were returned representing a response rate of 64%. Ninety-one percent of responses indicated that lay navigation services would be either very helpful or moderately helpful for either ED patients with cancer or for ED patients aged 65 years or older with or without cancer in an ED. Coordination of care, the provision of emotional support and educational resources relevant to their medical conditions, and providing companionship to older patients during the ED visits were identified as priorities for an ED-based lay navigation program. The lack of navigators with experience in the ED, the physical space constraints of the ED, and the time constraints associated with an ED visit were identified as the primary barriers to establishing a lay navigation program in the ED.

**Conclusions** These results identify the care priorities and barriers to be overcome during the development of an ED-based lay navigation program from the perspective of those currently providing patient navigator services.

**Keywords** Emergency department · Care coordination · Lay navigation · Oncology navigator

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## Introduction

US emergency departments (EDs) are an increasingly important site of care for patients with complex care needs. Specifically, ED visits for patients with cancer now exceed 4.5 million annually, [1], and ED visits by individuals aged 65 years and older (older adults) now exceed 21 million [2]. Many of these patients lack essential health knowledge including an understanding of the best way to get the care and resources they need to optimize their health. Trained patient navigator systems have been developed to help patients with complex care needs navigate the multifaceted and fragmented medical system in non-ED settings [3, 4]. These programs employ a variety of individuals from lay people to trained nurses to assist patients [5]. Recent evidence indicates that lay navigators can be effective in a variety of populations and settings from primary care to oncology, but are most

effective when working in tandem with clinical providers [6–9]. Despite the large numbers of complex patients receiving care in US EDs, the role of lay navigation services in the ED has not been described. The objective of this study is to gain insights from people currently providing patient navigation services or related services regarding the potential benefits and challenges of implementing patient navigation services in the ED [10].

## Methods

In June 2018, attendees to a regional oncology navigators' association conference in Chapel Hill, North Carolina were surveyed during the 1-hour conference lunch break. Participants at the 1-day conference included nurse navigators, lay navigators, social workers, case managers, community health workers, non-profit organization representatives, academic cancer center representatives, and physicians. Attendees were asked to complete a brief electronic survey relating to the provision of new lay navigation services in an ED to patients with cancer and to older patients with or without cancer. Paper surveys were available upon request. The principal investigator was present at the conference to introduce the study topic examining the role of dedicated lay navigators in the ED and to offer the opportunity to the attendees to participate in the voluntary survey. The survey was taken anonymously. This study was reviewed and exempted by the Institutional Review Board at the University of North Carolina at Chapel Hill.

The survey tool was created according to standard practices [11]. The principal author conducted exploratory interviews with individuals involved in emergency care or patient navigation. Data from the exploratory interviews were analyzed using a grounded theory approach by two authors to develop themes from the interviews to inform survey question design. From the thematic analysis, a 17-question survey was developed (Appendix 1). Prior to conducting the survey, the developed survey was assessed for content validity by individuals involved in patient navigation and emergency care.

Responses obtained on paper surveys were transcribed into an electronic survey, and frequencies for each survey question were tabulated. Statistical analyses were conducted to rank the responses in descending order and to calculate basic descriptive statistics. No inferential statistics were used.

## Results

From the 133 conference attendees at the time of survey administration, 85 surveys were returned for a response rate of 64%. Among surveys, 17 were completed on paper with the remainder being completed using personal phones or laptop

computers. All returned surveys were completed in their entirety with no missing elements.

Among respondents, 59% report training as a nurse, 11% as a social worker or case manager, 7% as a physician, 1% as a nurse practitioner, 9% in an allied health field, and 13% had some other form of professional training related to healthcare. Thirty-nine percent report working as a nurse navigator, 15% as a lay health navigators, 13% as a social worker or case manager, 11% as a nurse, and 5% as a physician. Twenty-one percent reported working in an inpatient setting, 59% in an outpatient clinic and the remaining 20% in another setting. Sixty-seven percent provide direct patient care, and 65% provide navigation services to patients with cancer. Forty-four percent reported that their facility provides lay navigation services for patients with cancer. Twelve percent indicated that they work at the local academic center; an additional 12% indicated they work at a site affiliated with the local academic center. The remaining 76% reported no affiliation with the local medical center where lay navigation services are available in non-ED settings.

When asked how helpful lay navigation services would be in the ED for patients with cancer or for older adults, 91% stated that it would be either very helpful or moderately helpful. The participants were also provided with lists of potential services to be provided, potential barriers to be overcome, and potential issues for which to screen patients. Their responses are reported in Table 1. The surveys describe a need for navigation services to coordinate care, provide emotional support and education, and to accompany older patients. The top three identified barriers were a lack of navigators/funding, the physical space constraints of an ED, and the time constraints associated with an ED visit. Top priorities for screening within an ED-based patient navigation service included financial hardship, caregiver burden, and depression. Lastly, when queried if lay navigation services should be provided to patients with cancer in the ED, 86% responded "yes" despite only 2.4% reporting that such services already exist in their local ED.

## Discussion

Patient navigation services have proven to be effective at reducing the cost and improving the quality of care for patients with cancer. At present, the provision of such services in the ED has not been described in the literature and is likely unavailable in most EDs. Based on the opinion of this group of individuals who either provide or are involved in the provision of patient navigation services, providing these services in the ED has significant potential benefit (91%). Given such a positive response from these stakeholders, further consideration of these services is warranted.

This survey provides unique insight into potential challenges that would need to be addressed to provide patient navigation

**Table 1** Recorded survey responses from conference attendees ( $n = 85$ ). Percentages represent proportion of responses for each specific response compared to the total number of responses obtained per question

	Response	For cancer patients %	For older patients with or without cancer %
How helpful do you think lay navigation services would be in the ED?	Very helpful	75	74
	Somewhat helpful	16	17
	Moderately helpful	9	9
	Not at all helpful	0	0
What services should an emergency department lay navigation program provide (pick up to 3 responses)?	Coordination of care	21	22
	Emotional support	18	17
	Education	15	11
	Accompany patient	13	17
	Financial assistance	13	11
	Telephone calls	11	11
	Medication assistance	9	10
	I do not know/other	0	1
	What barriers exist to providing lay navigation services to patients in the ED (pick up to 3 responses)?	Lack of navigators	28
ED physical space		17	17
Time constraints		15	15
Privacy		10	10
Delay of care concern		9	9
Patient clinical status		8	11
Patient refusal		8	6
I do not know/other		5	4
For what issues should patients in the ED be screened (pick up to 2 responses)?	Financial toxicity	37	29
	Caregiver burden	25	20
	Depression	18	17
	Food insecurity	10	15
	Physical/elder abuse	6	17
	I do not know/other	4	2

services in the ED: training a new workforce of navigators, incorporating such a workforce into the current physical space constraints common to EDs, and incorporating such services within the time constraints of an ED visit. Due to financial constraints, volunteer lay navigators represent a low-cost approach to providing patient navigation services in the ED. Fortunately, lay navigation training programs are available [12, 13] and could be adapted to address the specific patient barriers, financial toxicity, and work flow of an ED. As the average ED visit for a patient with cancer averages 11 h [14], integrating navigation services into an ED visit is achievable.

The data indicate that the top-ranked issues for which to screen patients are financial toxicity or hardship, caregiver burden, and depression. The rank order is consistent with the published perception of the impact of financial toxicity on patients by oncology navigators [15]. This list of critical issues varies somewhat from the respondents' list of services that should be provided by lay navigators in the ED. Providing financial assistance support ranks only 5th with the top

answers were coordination of care, emotional support, and education. These results are also consistent with previously published concerns of emotional distress experienced by patients that attempt to navigate a “safe passage” through the healthcare system [8]. Such emotional distress has been described in the ED population as well [16].

#### Limitations

The response rate was 65%, which creates the potential for response bias. Specifically, conference participants who do not think the ED is an appropriate setting for patient navigation services may have been less likely to complete the survey. Additionally, the subjects' responses may have been affected by the didactics they attended prior to completing the survey; however, no ED-related didactics were presented prior to the administration of the survey. Another source of potential bias arises from the participants' interest in navigation programs and from local practice patterns as lay navigation is available in non-ED settings at the local academic center; however, this bias is likely limited as greater than three quarters of respondents reports

no affiliation with the local academic center and consequently the results are unlikely to represent a local practice pattern.

## Conclusions

Although a novel concept for ED-based care, this report demonstrates an enthusiasm for extending navigation services into the ED for patients with cancer and for older adults among people currently providing or supporting these services in other settings. These survey results suggest primary goals (coordination of care, emotional support, and education) and barriers (lack of funding for such program, physical space constraints, and time constraints of providing such services in the ED) to be overcome during the development of such programs.

**Author contributions** Study concept and design: all authors; Acquisition of the data: JJB; Analysis and interpretation of the data: JJB, JBS, TFP; Drafting of the manuscript: JJB, TFP; Critical revision of the manuscript: all authors.

## Compliance with ethical standards

**Conflict of interest** JJB, AES, AWP, JP, and TFP report no conflict of interest. JBS reports paid participation in a speaker's bureau for Novartis and Pfizer. The authors have full control of all primary data and agree to allow the journal to review their data if requested.

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